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APD PE v1.00

COLA, DEMEKIA SHIQUION

<input checked="" type="checkbox"/> a. Soldiering	<input type="checkbox"/> i. Patient Care (People/Animals)	<input type="checkbox"/> q. Handling Animal	<input type="checkbox"/> y. Counseling/Advisory
<input type="checkbox"/> b. Combat Soldiering	<input type="checkbox"/> j. Test/Study/Experiments	<input type="checkbox"/> r. Maintenance/Repair/Serviceing	<input type="checkbox"/> z. Sports
<input type="checkbox"/> c. Physical Training	<input type="checkbox"/> k. Educational	<input type="checkbox"/> s. Fabricating	<input type="checkbox"/> aa. Hobbies
<input type="checkbox"/> d. Weapons Firing/Handling	<input type="checkbox"/> l. Information and Arts	<input type="checkbox"/> t. Handling Material/Passengers	<input type="checkbox"/> bb. Passenger
<input type="checkbox"/> e. Engineering or Construction	<input type="checkbox"/> m. Food and Drug Inspection	<input type="checkbox"/> u. Janitorial/Housekeeping/ Grounds Keeping	<input type="checkbox"/> cc. Human movement
<input type="checkbox"/> f. Communications	<input type="checkbox"/> n. Laundry/Dry Cleaning Services	<input type="checkbox"/> v. Food/Drink Preparations	<input type="checkbox"/> dd. Horseplay
<input type="checkbox"/> g. Security/Law Enforcement	<input type="checkbox"/> o. Pest/Plant Control	<input type="checkbox"/> w. Supervisory	<input type="checkbox"/> ee. Bystanding/spectating
<input type="checkbox"/> h. Fire Fighting	<input type="checkbox"/> p. Operating Vehicle or Vessel	<input type="checkbox"/> x. Office	<input type="checkbox"/> ff. Personal Hygiene/Food/Drink Consumption/Sleeping
<input type="checkbox"/> gg. Parachuting (See instructions DA Pamphlet 385-40)			

(1) Jumper Height	(7) Wind Direction/Speed At Jump Height Drop Zone	(15) Date graduated basic airborne training (YYYYMMDD)
(2) Jumper Weight		
(3) Type of Jump	(8) Jump Altitude	(16) Type of Aircraft
(4) Parachute Type/Model	(9) Position in Stick	
(5) Equipment	(10) Door Exited	(17) Accident factors (parachute): (Explain as necessary)
	(11) Time pre-jump conducted	
	(12) Date of Last Jump	
	(13) Type of Last Jump	
(6) Wt. of Equipment	(14) Number of previous jumps	

SGT Cola, Demekia collapsed at the end of an Army Physical Fitness Test (APFT) at approximately 031705NOV11. Unit medics were on site and an ambulance arrived quickly. SGT Cola was taken to the ER at WBAMC and was moved to the ICU where she was in critical condition. Doctors stated both her breathing and heart beat stopped during movement to WBAMC. Core body temp upon arrival was 105. Doctors state her white blood count was very elevated meaning she was sick. SGT Cola was sedated, intubated, and the doctors were conducting procedures to reduce her temp and stabilize her. At the time of the accident there was a combat medic and water available at the Army Physical Fitness Test site.

33. ON FIELD EXERCISE/NAMED OPERATION			34. ACTIVITY PART OF TACTICAL TRAINING?			38. REQUIRED PROTECTIVE EQUIPMENT		AVAILABLE?		USED?		N/A
<input type="checkbox"/> a. Yes (If YES, specify name of exercise/operation) <input checked="" type="checkbox"/> b. No			<input type="checkbox"/> a. Yes <input checked="" type="checkbox"/> b. No			CHECK APPROPRIATE BLOCK(S)		YES	NO	YES	NO	
35. Type of training facility being used (Check one)						<input type="checkbox"/> a. Seat belt		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/> b. Restraint System		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/> c. Goggles/Glasses/Visor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/> d. Gloves		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> e. Ear plugs <input type="checkbox"/> f. IBA <input type="checkbox"/> g. Other (Specify):						<input type="checkbox"/> h. Helmet		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						DOT Approved (If Motorcycle)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>			
36. Type of training participating in at the time of accident (Check/specify)						39a. INDIVIDUAL LICENSED TO OPERATE VEHICLE/EQUIPMENT?		39b. MANDATORY 4 hr TRAFFIC SAFETY TRAINING		39c. MSF CERTIFIED		
<input type="checkbox"/> a. School (Specify): <input type="checkbox"/> b. UNIT <input type="checkbox"/> (1) Platoon <input type="checkbox"/> (2) Crew <input type="checkbox"/> (3) Individual <input type="checkbox"/> c. On-the-job training <input checked="" type="checkbox"/> d. Other (Specify): Army Physical Fitness Test (APFT)						<input type="checkbox"/> a. Yes <input type="checkbox"/> b. No <input checked="" type="checkbox"/> c. N/A		<input type="checkbox"/> a. Yes <input type="checkbox"/> b. No If Yes, Date _____		<input type="checkbox"/> a. Yes <input type="checkbox"/> b. No If Yes, Date _____		
37. Last time individual received training prior to accident on activity specified in Block 31? (Check one)						40. DID ALCOHOL USE BY THIS INDIVIDUAL CAUSE/CONTRIBUTE TO THIS ACCIDENT? (Check one)						
<input checked="" type="checkbox"/> a. 0 - 3 months <input type="checkbox"/> b. 3 - 6 months <input type="checkbox"/> c. 6 - 9 months <input type="checkbox"/> d. 9 - 12 months						<input type="checkbox"/> e. 1 - 2 years <input type="checkbox"/> f. More than 2 years <input type="checkbox"/> g. Never <input type="checkbox"/> h. Not applicable						
						(b)(5) a. Yes BAC %: _____ (b)(5) b. No (b)(5) c. Unknown						

SECTION B - PERSONNEL INFORMATION (Continued)		COLA, DEMEKIA SHIQUION	
41. If drug use by this individual caused/contributed to this accident, check appropriate block.			
(b)(5) a. Prescription	(b)(5) b. Illegal	(b)(5) c. Over-the-counter	(b)(5) d. Supplements (b)(5) e. None
42. Were vision enhancement devices being used? (Check appropriate block.)			
<input type="checkbox"/> a. Yes (Specify type/model in c and d)		<input checked="" type="checkbox"/> b. No	
		c. TYPE:	d. MODEL:
43. Standard/Reference covering activity/task			
<input type="checkbox"/> a. Soldier's Manual (Task No.)		<input type="checkbox"/> e. Federal/State Law	
<input type="checkbox"/> b. CTT (Task No.)		<input type="checkbox"/> f. Other (Specify):	
<input checked="" type="checkbox"/> c. AR/TM/FM (Specify) AR 385-10		<input type="checkbox"/> g. None (Go to Block 45.)	
<input type="checkbox"/> d. SOP			
44. WAS ACTIVITY/TASK PERFORMED (AW STANDARD/REFERENCE? (Check one)		45. DID INDIVIDUAL MAKE A MISTAKE? (Check one)	
(b)(5) a. Yes (b)(5) b. No (b)(5)		(b)(5) a. Yes (b)(5) b. No	
46. What was the mistake? How was the activity/task performed incorrectly? (Explain below.)			
The 1AD surgeon has confirmed that SGT Cola died (13 Dec 2011 Baylor University Medical Center) from complications of Heat Stroke (Rhabdomyolysis) (b)(5)			
47. Why was mistake made/activity performed incorrectly? (Check all that apply.)			
<input type="checkbox"/> a. Inadequate school training (content/amount) <input type="checkbox"/> b. Inadequate unit training (content/amount) <input type="checkbox"/> c. Inadequate on-the-job training <input checked="" type="checkbox"/> d. Fear/excitement/anger <input type="checkbox"/> e. Overconfident in own/others abilities/complacent <input type="checkbox"/> f. In a hurry		<input type="checkbox"/> g. Poor/bad attitude/indiscipline <input type="checkbox"/> h. Lack of rest/sleep <input type="checkbox"/> i. Effects of alcohol/drugs/illness <input type="checkbox"/> j. Inadequate facilities <input type="checkbox"/> k. Inadequate services <input type="checkbox"/> l. Improper equipment design <input type="checkbox"/> m. Inadequate written procedures (AR, TM, SOP) <input type="checkbox"/> n. Improper supervision <input type="checkbox"/> o. Other (Specify in narrative)	
48. Time licensed on this vehicle (Check one)		49. Total AMV driving mileage (Check one)	
<input type="checkbox"/> a. Less than one year		<input type="checkbox"/> a. Less than 1,000 miles	
<input type="checkbox"/> b. One to two years		<input type="checkbox"/> b. 1,000 - 5,000 miles	
<input type="checkbox"/> c. Over two years		<input type="checkbox"/> c. 5,000 - 10,000 miles	
<input type="checkbox"/> d. Unlicensed		<input type="checkbox"/> d. Over 10,000 miles	
50a. Total time in unit (Check one)		50b. Date Assigned/Hired (YYYYMMDD)	
<input type="checkbox"/> Less than 6 months		20080910	
<input type="checkbox"/> 6 months - 1 year		50c. Date of redeployment from combat zone, if applicable (YYYYMMDD)	
<input checked="" type="checkbox"/> Over one year		20100812	
51. WHICH ITEM FROM SECTION C APPLIES TO THE INDIVIDUAL NAMED IN BLOCK 12? (This is needed in order to relate the person in Block 12 to the equipment/vehicle below.)			
<input type="checkbox"/> Item A <input type="checkbox"/> Item B <input type="checkbox"/> Item C <input type="checkbox"/> Other (Specify)			
SECTION C - PROPERTY/MATERIEL INVOLVED (Whether Damaged or Not)			
ITEM A		ITEM B	
ITEM C			
52. Type of item			
53a. Model number			
b. Serial number			
54. Ownership (DoD, DA, POV, Unit Person)			
55. Dollar cost of damage.			
56. Rollover protection system installed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
57. Was this item being towed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
58. If towed, enter letter for item doing towing.			
59. Types of collision codes (Pick up to three from list below and enter in blocks.) (In sequence)			
Types of Collisions 1- Going forward and collided with moving vehicle 2- Going forward and collided with parked vehicle 3- Collision while backing 4- Collision with pedestrian 5- Collision with object (other than vehicle/pedestrian) 6- Overturned 7- Ran off the road 8- Jackknifed 9- Going forward and rear-ended moving vehicle 10- Going forward and rear-ended parked vehicle 11- Collision while turning 12- Other (Specify)			

SECTION C - PROPERTY/MATERIEL INVOLVED (Whether Damaged or Not) (Continued)				COLA, DEMEKIA SHIQUION			
60. Component/Part that Failed/Malfunctioned (Complete this section if a materiel failure/malfunction caused/contributed to the accident.)							
	ITEM A		ITEM B		ITEM C		
a. National Stock Number							
b. Part Number							
c. Describe Part							
d. Manufacturer's Identification Code							
e. EIR/QDR Number							
61. How/Why Part Malfunctioned (Select code from "How" list below and enter in first block; select code from "Why" list and enter in second block.)	HOW	WHY	HOW	WHY	HOW	WHY	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> How Part Failed/Malfunctioned Codes: <ul style="list-style-type: none"> 1 - Overheated/burned/melted 2 - Froze (temperature) 3 - Obstructed/pinched/clogged 4 - Vibrated 5 - Rubbed/worn/frayed 6 - Corroded/rusted/pitted 7 - Overpressured/burst 8 - Pulled/stretched </div> <div style="width: 48%;"> Why Part Failed/Malfunctioned Codes: <ul style="list-style-type: none"> 1 - Improper equipment design 2 - Inadequate maintenance 3 - Inadequate manufacture of equipment 4 - Inadequate written procedures (AR, TM, SOP) 5 - Improper supervision 6 - Unknown 7 - Other (Specify in narrative) </div> </div>							
SECTION D - ENVIRONMENTAL CONDITIONS INVOLVED							
62. Environmental Conditions. (Check environmental conditions present and indicate if conditions caused/contributed to the accident.)							
PRESENT	CAUSED/ CONTRIBUTED	CONDITION	PRESENT	CAUSED/ CONTRIBUTED	CONDITION		
<input checked="" type="checkbox"/>	(b)(5)	a. Clear/dry; visibility unlimited	<input type="checkbox"/>	(b)(5)	k. Wind gust/turbulence		
<input type="checkbox"/>		b. Bright, glare	<input type="checkbox"/>		l. Vibrate, shimmy, sway, shake		
<input type="checkbox"/>		c. Dark, dim	<input type="checkbox"/>		m. Radiation, laser, sunlight		
<input type="checkbox"/>		d. Fog, condensation, frost	<input type="checkbox"/>		n. Holes, rocky, rough, rutted, uneven		
<input type="checkbox"/>		e. Mist, rain, sleet, hail	<input type="checkbox"/>		o. Inclined/steep		
<input type="checkbox"/>		f. Snow, ice	<input type="checkbox"/>		p. Slippery (not due to precipitation)		
<input type="checkbox"/>		g. Dust, fumes, gasses, smoke, vapors	<input type="checkbox"/>		q. Air pressure (bends, decompression altitude hypoxia)		
<input type="checkbox"/>		h. Noise, bang, static	<input type="checkbox"/>		r. Lightning, static electricity, ground		
<input type="checkbox"/>		i. Temperature/humidity (cold, heat)	<input type="checkbox"/>		s. Other (Specify)		
<input type="checkbox"/>		j. Storm, hurricane, tornado					
SECTION E - ACCIDENT DESCRIPTION/NARRATIVE (From Blocks 10, 46, 47, 61 and 62)							
63. The investigation board will report, in narrative form on letter size paper, the facts, conditions, and circumstances as established during the investigation and present this information in accordance with DA PAM 385-40, paragraph 4-4. See Narrative at Tab D.							
64a. PRINTED/TYPED NAME OF PERSON COMPLETING THIS REPORT <div style="background-color: black; color: white; padding: 2px;">(b)(6)</div>			64b. RANK <div style="background-color: black; color: white; padding: 2px;">(b)(6)</div>		64c. TITLE TACTICAL SAFETY SPECIALIST		
64d. SIGNATURE		64e. DATE OF SIGNATURE (YYYYMMDD)		64f. TELEPHONE NO. DSN: <div style="background-color: black; color: white; padding: 2px;">(b)(6)</div>			
				64g. EMAIL ADDRESS <div style="background-color: black; color: white; padding: 2px;">(b)(6)</div> @mail.mil			

SECTION F - CORRECTIVE ACTION AND COMMAND REVIEW		COLA, DEMEKIA SHIUION	
65. The investigation board will formulate the findings and recommendations on letter sized paper in accordance with the examples contained in DA PAM 385-40, paragraph 4-3.			
66a. PRINTED/TYPED NAME OF COMMANDER <div style="text-align: center;">(b)(6)</div>		66b. RANK <div style="text-align: center;">(b)(6)</div>	
66c. SIGNATURE <div style="text-align: center; font-size: 1.5em;">PLS</div>		66d. DATE OF SIGNATURE (YYYYMMDD)	66e. TELEPHONE NO. <div style="text-align: center;">(b)(6)</div>
		66f. EMAIL ADDRESS <div style="text-align: center;">(b)(6)@mail.mil</div>	
	a. TYPED NAME/EMAIL ADDRESS	b. SIGNATURE	c. TITLE
67.			d. RANK/DATE
68.			
69.			
SECTION G - SAFETY OFFICE USE ONLY			
70. LOCAL REPORT NO. CAI 201111031705		71. ARMY HEADQUARTERS FORSCOM	
72. ACCIDENT TYPE (Check choice)			
<input type="checkbox"/> a. Army Motor Vehicle	<input type="checkbox"/> h. Other Army Vehicle	<input type="checkbox"/> o. Personal Injury - Other	
<input type="checkbox"/> b. Army Combat Vehicle	<input type="checkbox"/> i. Fire	<input type="checkbox"/> p. Property Damage - Other	
<input type="checkbox"/> c. Army Operated Vehicle	<input type="checkbox"/> j. Chemical Agent	<input type="checkbox"/> q. POV - On Official Business	
<input type="checkbox"/> d. POV - Not on Official Business	<input type="checkbox"/> k. Explosive	<input type="checkbox"/> r. Space	
<input type="checkbox"/> e. Marine Diving	<input type="checkbox"/> l. Missile	<input type="checkbox"/> s. Commercial Carrier/Transportation	
<input type="checkbox"/> f. Marine Underway	<input type="checkbox"/> m. Radiation		
<input type="checkbox"/> g. Marine Not Underway	<input type="checkbox"/> n. Nuclear		
73. NAME OF SAFETY POINT OF CONTACT (POC) <div style="text-align: center;">(b)(6)</div>		74a. PHONE NO. OF SAFETY OFFICER POC (DSN, Commercial, etc.) <div style="text-align: center;">(b)(6)</div>	75. DATE REPORT COMPLETED BY SAFETY OFFICER (YYYYMMDD)
		74b. EMAIL ADDRESS <div style="text-align: center;">(b)(6)@mail.mil</div>	
SECTION H - EXPLOSIVES/AMMUNITION			
76. EXPLOSIVE/AMMUNITION INFORMATION:	ITEM 1	ITEM 2	ITEM 3
a. LOT #			ITEM 4
b. QUANTITY			
c. NET EXPLOSIVE WEIGHT (NEW)			
d. DoDIC/DoDAC			
77. SPECIAL INTEREST			
78. SUPPLEMENTAL INFORMATION			



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AT DALLAS**

**Office of the Medical Examiner
Autopsy Report**



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Case: IFS-11-18576 - ME

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